2069

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

02071

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) GRACE (Last) BEAUCHAMP

4. DATE OF DEATH (Month) FEB. (Day) 6 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG 8, 1880

9. AGE last birthday 73 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) POWELLVILLE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN L POWELL

14. MOTHER'S MAIDEN NAME SALLY ELIZABETH RAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS MR. W H BEAUCHAMP BERLIN MD

MARGIN RESERVED FOR BINDING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Chronic degenerative myocarditis sec to — Interval between onset and death: 5

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic Heart Disease + Mitral insuff — 5

(c) Arthritis, deformans, senile, multiple, 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis & Uremic State — 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to Feb 6, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 12 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Helen A Robbins Md — ADDRESS Berlin Md — DATE SIGNED 2/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE 2/8/1954 — NAME OF CEMETERY OR CREMATORY EVERGREEN — LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REG. 2-8-54 — REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Anna A. Burbage — ADDRESS Berlin Md

RECEIVED
FEB 15 1954
BUREAU V. S.

2070

02072

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WORCESTER — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) TAYLOR (Last) BURBAGE

4. DATE OF DEATH: (Month) FEB. (Day) 7 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 13, 1877

9. AGE Last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BERLIN MD (RURAL)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM N. BURBAGE

14. MOTHER'S MAIDEN NAME: CECELIA BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: N.

17. INFORMANT AND ADDRESS: LEE BURBAGE BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1954, to Feb 7, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 8.20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas R. Lowe — ADDRESS: Berlin Md — DATE SIGNED: Feb 8 - 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: FEB. 9 1954

NAME OF CEMETERY OR CREMATORY: BURBAGE CEMETERY

LOCATION (City, town, or county) (State): BERLIN, (R.F.D.) MD.

DATE REC'D BY LOCAL REG. 2-9-54

REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

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FEB 15 1954
BUREAU V. S.

2071 M1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02073

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (in this place) 96 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) E. (Last) Campbell

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 10-1858
9. AGE last birthday: 95/9/15 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Newark, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Jackson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Daisey Lehurser Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Left Hemiplegia — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1947, to Feb 25, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE Pleasant Lamar, MD (Degree or title) ADDRESS Snow Hill DATE SIGNED 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 27/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin, (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-27-54
REGISTRAR'S SIGNATURE Elwyn E. Cooper
24. FUNERAL DIRECTOR Mary E. Timmis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
MAR 2 1954
BUREAU V. S.

2072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02074

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville, Del. Rural — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville Del (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Horace (Middle) W. (Last) Carey

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 22, 1888

9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant + farm

10b. KIND OF BUSINESS OR INDUSTRY: Owned business

11. BIRTHPLACE (State or foreign country): Whaleyville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebe Carey

14. MOTHER'S MAIDEN NAME: Margaret Beauchamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 214-32-6964

17. INFORMANT AND ADDRESS: Ruby Carey - Selbyville, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral vascular accident — immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Multiple vascular occlusions throughout the body — 3-4 yrs.

(c) jaundice of unknown etiology, hypertension, cardiac failure — 3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to Feb, 1954, that I last saw the deceased alive on 13 Feb, 1954, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: Frederick M. Johnson (Degree or title) M.D. ADDRESS: Selbyville, Del. DATE SIGNED: 15 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 17, 1954 — NAME OF CEMETERY OR CREMATORY: Red Mens Cemetery — LOCATION (City, town, or county): Selbyville (State): Del.

DATE REC'D BY LOCAL REG.: Feb 16-54 — REGISTRAR'S SIGNATURE: Hilda R. Berger, Asst.

24. FUNERAL DIRECTOR: Henry P. Watson — ADDRESS: Pocomoke City, Md.

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FEB 18 1954
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2073

MARYLAND STATE DEPARTMENT OF HEALTH

02075

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 955

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ocean City
LENGTH OF STAY (in this place) TRANSIENT
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Ocean City~~ Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 3 Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) JAMES (Last) FOOKS
4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 54
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 8 1894
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Town of Ocean City
11. BIRTHPLACE (State or foreign country) Berlin, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Fooks
14. MOTHER'S MAIDEN NAME Susan Hammond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Army (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 220-09-1777
17. INFORMANT AND ADDRESS Mrs. Evelyn Fook (Wife) R3 Berlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825X

Immediate cause (a) ~~Deferred pending Complete Autopsy Report.~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subarachnoid and Petechial Hemorrhage (Cerebral)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Concussion in an automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined* → see 18

SIGNATURE H. Hayward, Jr. M.D. (Degree or title) Depot Medical Examiner Wor. Co. M.D. ADDRESS DATE SIGNED Feb ~~Oct~~ 17, 54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-20-54
NAME OF CEMETERY OR CREMATORY Fooks Cemetery
LOCATION (City, town, or county) Berlin, Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG. 2-20-54
REGISTRAR'S SIGNATURE Helen F. Hayward.
24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St. Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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FEB 23 1954
BUREAU V. S.

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02076

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #2
LENGTH OF STAY (in this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) D. (Last) Gordy

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan. 7-1882
9. AGE last birthday: 72/1/19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Gordy
14. MOTHER'S MAIDEN NAME: Sarah K. Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Walter D. Gordy, Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 2 Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Fibrosis and Insufficiency — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Feb. 26, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE: Bentley LaMar (Degree or title) MD ADDRESS: Snow Hill DATE SIGNED: 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb 28/54
NAME OF CEMETERY OR CREMATORY: Bates Methodist
LOCATION (City, town, or county) (State): Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR: 2-27-54
REGISTRAR'S SIGNATURE: Gwyn E. Cooper
24. FUNERAL DIRECTOR: Alley Erwin, Snow Hill Md ADDRESS

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3.55

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) B. (Last) Gray
4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 6 1881
9. AGE last birthday 72 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Girdletree Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Solomon Powell
14. MOTHER'S MAIDEN NAME Victoria Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. Wm Thompson Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema. — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart failure — 2 yrs.

(c) Hypertensive Cardio - renal disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic Bronchitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20., 1953, to 2/23., 1954, that I last saw the deceased alive on 2-23, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb (Degree or title) M.D. ADDRESS Berlin, Md. DATE SIGNED 2/25/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-27-54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REG. 4-22-54
REGISTRAR'S SIGNATURE Helen J Hayward
24. FUNERAL DIRECTOR Owen A. Burbage ADDRESS Berlin Md

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APR 23 19[illegible]
BUREAU V. S.

2076

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Berlin Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY Camden
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lawnside (Whitehorse Pike)
STREET ADDRESS (If rural, give location) Whitehorse Pike

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Myrtle (Last) Hemmings

4. DATE OF DEATH: (Month) Feb. (Day) 1st (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 17, 1878

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): St. Gaurdian

10b. KIND OF BUSINESS OR INDUSTRY: Child Care

11. BIRTHPLACE (State or foreign country): Alexandria, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Smith

14. MOTHER'S MAIDEN NAME: Fannie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Jessie Fassett — Branch St. Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Pulmonary edema	about 3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congestive heart failure	about 24 hours
	DUE TO (c) Hypertension	Several years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rt. hemiplegia for about 1 year; Cystitis - about 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

Feb 1, 54

22. I hereby certify that I attended the deceased from Jan., 19.53, to Feb., 19....., that I last saw the deceased alive on Feb 1, 19.54, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE Leon U. Seely, Jr. (DEGREE OR TITLE) M.D. ADDRESS Howe St. Berlin, Md DATE SIGNED 2/3/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Feb. 5, 1954 — NAME OF CEMETERY OR CREMATORY Mount Peace — LOCATION (City, town, or county) (State) Lawnside, New Jersey

DATE REC'D BY LOCAL REG. Feb 3, 1954 — REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Mary A. Stewart — ADDRESS 324 East Church St Salisbury, Maryland

STEWART FUNERAL HOME

RECEIVED
FEB 10 1954
BUREAU V. S.

2077

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) Rural #2

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) A (Last) Holland

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 3 1865

9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Redden

14. MOTHER'S MAIDEN NAME: Sallie Tyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unk

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Harry E Pickard Stockton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Shock	8 Hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Mesenteric Thrombosis	8 Hrs
	DUE TO (c) Arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Coronary occlusion	2 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 46 to Feb 26, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Joseph L. LaMar M.D. Snow Hill 2-26-54

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF Feb 28-1954 — NAME OF CEMETERY OR CREMATORY Goodwill M E Cem — LOCATION (City, town, or county) (State) Pocomoke Md

DATE REC'D BY LOCAL REG. 2-27-54 — REGISTRAR'S SIGNATURE Guy H. Cooper

24. FUNERAL DIRECTOR ADDRESS Henry A. Watson, Pocomoke, Md.

MAR 2
BUREAU V. S.

2078

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print): (First) Rushia (Middle) Mae (Last) Hudson

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 11, 1904

9. AGE last birthday: 49 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Benson

14. MOTHER'S MAIDEN NAME: Nora Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS: Ollie Hudson Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525x Immediate cause (a) Fibrocystic disease of lungs liver & kidneys — 1 year.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease with angina — 5 years; Periarteritis nodosa — 1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Feb 6, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE: H J Townsend Jr. (Degree or title) M.D. ADDRESS: Ocean City Maryland DATE SIGNED: Feb 8 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 9, 1954 — NAME OF CEMETERY OR CREMATORY: LOOF — LOCATION (City, town, or county) (State): Bishopville Md.

DATE REC'D BY LOCAL REG.: 2-9-54 — REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Peter Whaley Selligsville Dr. ADDRESS

RECEIVED
FEB 1[illegible]
BUREAU V[illegible]

2079

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2080)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) L. (Last) Marshall

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20 1879
9. AGE last birthday: 74-9-8 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Guilford, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Taylor
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Helen M. Long, Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident — Interval Between Onset And Death: 1 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — unknown
DUE TO (c) Diabetes Mellitus — unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19 , to 2/28/54, 19 , that I last saw the deceased alive on 3/28/54, 19 , and that death occurred at 10:30 P.M. from the causes and on the date stated above.
SIGNATURE Paul Cohen (Degree or title) M.D. ADDRESS Snow Hill Md DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 2/54
NAME OF CEMETERY OR CREMATORY Nunce
LOCATION (City, town, or county) Greene Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/1/54
REGISTRAR'S SIGNATURE Elwyn E. Cooper
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1954
BUREAU V. S.

2080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
STREET ADDRESS (If rural, give location) R F D

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Morris
4. DATE OF DEATH: (Month) Feb (Day) 7th (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept. 13. 1873
9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Layton
14. MOTHER'S MAIDEN NAME: Catharine Bunting
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Sarah Tull Whaleyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Pulmonary Embolism

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15 1953 to Feb 6 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas R Law — ADDRESS: Berlin Md — DATE SIGNED: Feb 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-10th 1954 | NAME OF CEMETERY OR CREMATORY: M E C | LOCATION (City, town, or county) (State): Bishopville Md.

DATE REC'D BY LOCAL REG'R: 2-9-54 | REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Whaleyville, Md

BUREAU U. S.
FEB 15

2081

02082

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 3.55

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (In this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Rural St. Martins

3. NAME OF DECEASED (Type or Print): (First) Elva (Middle) Belle (Last) Nock

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 29, 1895

9. AGE last birthday: 58 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berlin Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram T. Williams

14. MOTHER'S MAIDEN NAME: Annie Belle Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Mr. Calvin Nock, Berlin Md R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X **Immediate cause** (a) Uremia sec to Arteriosclerosis, chronic — 1 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes, mellitus — 12 yrs

0020X (c) Valvular Heart disease — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, Pulmonary, Chronic — 14 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 19 54, to Feb 14, 19 54, that I last saw the deceased alive on Feb 14, 1954, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emanuel Rabbin M.D. — ADDRESS Berlin, Md — DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 2/17/54 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Berlin — (State) Md

DATE REC'D BY LOCAL REG. 2-17-54 — REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Emma A. Burbage — ADDRESS: Berlin Md

RECEIVED
FEB 19 1951
BUREAU V. S.

2068

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Laurel Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Northampton
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Exmore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Zedoc (Middle) Thomas (Last) Pennewell
4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 5-1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Day labour
10b. KIND OF BUSINESS OR INDUSTRY: factory
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Zedoc Thomas Pennewell Sr
14. MOTHER'S MAIDEN NAME: Annie E. Smack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 224-14-8454
17. INFORMANT & ADDRESS: Herbert C. Mills Jr. 207 Laurel St Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of Lung.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 6 Months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to Feb. 15 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis G. Llewelyn, M.D. ADDRESS Pocomoke City, Md. DATE SIGNED 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 18 1954 NAME OF CEMETERY OR CREMATORY M.E. Cemetery LOCATION (City, town, or county) Greenbackville (State) Va.

DATE REC'D BY LOCAL REGISTRAR Feb. 18, 1954 REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry L. Watson ADDRESS Pocomoke Md.

RECEIV
FEB 23 1954
BUREAU V. S.

2082

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02084

Reg. Dist. No. 355

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING
is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: WORCESTER — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD — COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
STREET ADDRESS (If rural, give location): RURAL ST MARTINS

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) JOHN (Last) QUILLEN

4. DATE OF DEATH: (Month) FEB. (Day) 19 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JULY 3 1915	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
FARMER	TENANT	BERLIN, MD	USA.

13. FATHER'S NAME: WILLIAM QUILLEN

14. MOTHER'S MAIDEN NAME: EDITH TRUITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	1	MRS. R. J. QUILLEN, BERLIN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: (a) Shock due to Compression of Skull — 5-10 min

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last:
(b) & Basilar Fracture & Compression
(c) Chest & Fracture (Shredded Lung) Ribs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hyp. Heart, Chest - Free gl. Cleared & Hemorrh

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Berlin RFD #1	Worcester	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Feb 19, 1954 5 p.m.		Crushed by back wheel of tractor in shed off in

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard A Radkins	MD Dep. Med Exam	Berlin Maryland	2-22-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	2/22/1954	EVERGREEN	Berlin	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-22-54	Helen F Hayward.	Emma D. Bunting	Berlin Md

RECEIVED
MAR 1 1954
BUREAU

2083

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02085

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1
LENGTH OF STAY (in this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural give location) Rural #1

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) A. (Last) Waters

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 16-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hutt
14. MOTHER'S MAIDEN NAME: Mary Purnell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Hermione Blake, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause 443X	(a)	Acute Pulmonary Edema	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive Cardiovascular disease	10 yrs
260X	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia diabetes mellitus — 2 weeks, 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to 2-21-54, 19..., that I last saw the deceased alive on 2-20-54, 19..., and that death occurred at 9:30 AM from the causes and on the date stated above.

SIGNATURE Robert L. LaMar (Degree or title) MD
ADDRESS Snow Hill
DATE SIGNED 2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 24/54
NAME OF CEMETERY OR CREMATORY M. A. Wesley
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-21-54
REGISTRAR'S SIGNATURE Eluyn E. Cooper
24. FUNERAL DIRECTOR Allay E. Timmins
ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.